

### MaineCare Services

An Office of the Department of Health and Human Services

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November 4, 2008

TO: **Interested Parties** 

FROM: Anthony Marple, Director, MaineCare Services

**SUBJECT:** Final Rule: MaineCare Benefits Manual, Chapters II & III, Section 35, Hearing Aids and

Services

The adopted rules reflect the current practice of only allowing members under age 21 to receive this service. Prior Authorization has been eliminated for all but one code. Updated criteria for medical evaluation and testing were added. Audiologists were added as hearing aid dispensers to conform to a change in their scope of practice. Terminology, such as using MaineCare instead of Medicaid and member instead of recipient, is also updated. Chapter III establishes new billing codes based on HIPAA compliant coding.

A public hearing was held on September 8, 2008. The comment deadline was September 18, 2008.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at http://www.maine.gov/dhhs/bms/rules/provider rules policies.htm or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A copy of the public comments and Department responses can be viewed at and printed from the Office of MaineCare Services website or obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 624-7539, option 8 or 1-800-321-5557, extension option 8 or TTY: (207)287-1828 or 1-800-423-4331.

## **Notice of Agency Rule-making Adoption**

AGENCY: Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter II and III, Section 35, Hearing Aids and

Services

**ADOPTED RULE NUMBER: 2008- P211** 

**CONCISE SUMMARY:** The adopted rules reflect the current practice of only allowing members under age 21 to receive this service. Prior Authorization has been eliminated for all but one code. Updated criteria for medical evaluation and testing were added. Audiologists were added as hearing aid dispensers to conform to a change in their scope of practice. Terminology, such as using MaineCare instead of Medicaid and member instead of recipient, is also updated. Chapter III establishes new billing codes based on HIPAA compliant coding.

See <a href="http://www.maine.gov/bms/rules/provider\_rules\_policies.htm">http://www.maine.gov/bms/rules/provider\_rules\_policies.htm</a> for rules and related rulemaking documents.

**EFFECTIVE DATE:** December 1, 2008

**AGENCY CONTACT PERSON:** Darrell S. Wood, Health Planner **AGENCY NAME:** Division of Policy and Performance

**ADDRESS:** 442 Civic Center Drive

11 State House Station Augusta, Maine 04333-0011

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### SECTION 35 **HEARING AIDS & SERVICES**

ESTABLISHED 2/1/79 UPDATED: 12/1/2008

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SECTION 35 **HEARING AIDS & SERVICES** ESTABLISHED 2/1/79 UPDATED: 12/1/2008

#### 35.01 **DEFINITIONS**

Definitions for the purposes of this Section are as follows:

# Effective 12/1/08

35.01-1 Hearing Aids and Services are hearing aids, accessories, and repairs when provided by <u>an</u> individual licensed by the State of Maine as an Audiologist or as a Hearing Aid Dealer & Fitter.

#### 35.02 ELIGIBILITY FOR CARE

# Effective 12/1/08

MaineCare members under the age of 21 are eligible for services described in this Section. Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. It is the responsibility of the provider to verify a member's eligibility for MaineCare, as described in MaineCare Benefits Manual, Chapter I, prior to providing services.

#### 35.03 COVERED SERVICES

#### 35.03-1 Hearing Aids

Effective
12/1/08

Hearing aids are covered on the basis of a hearing evaluation and testing utilizing appropriate established procedures.

### 35.03-2 Hearing Aid Accessories

# Effective 12/1/08

Hearing aid accessories include but are not limited to ear molds, cords, and batteries, as they are considered a necessary part of continuous patient care.

#### 35.03-3 Hearing Aid Repairs

# Effective 12/1/08

After the expiration of the warranty period, hearing aid repairs are covered, as they are considered a necessary part of continuous patient care.

### 35.04 **LIMITATIONS**

35.04-1 Hearing aid repairs required prior to the expiration of the warranty period are not covered. After the warranty period, repairs costing up to 60% of the value of the hearing aid are covered.

#### 35.05 NON-COVERED SERVICES

Effective
12/1/08

35.05-1 Back-up or spare hearing aids and repairs to back-up or spare hearing aids are not a covered service.

SECTION 35 HEARING AIDS & SERVICES

ESTABLISHED 2/1/79 UPDATED: 12/1/2008

### 35.06 PROCEDURE TO REQUEST PRIOR AUTHORIZATION)

Effective 12/1/08

To request Prior Authorization for hearing aids and services that require it, the request must be made in writing or by fax to:

Office of MaineCare Services Division of Health Care Management Prior Authorization Unit State House, Station #11 Augusta, ME 04333-0011

### 35.07 POLICIES AND PROCEDURES

#### A. Determinations of Need for, and Type of, Hearing Aid

Effective 12/1/08

A member must have documented evidence of a hearing test within the preceding 12 months.

A member over 18 years of age must have had a medical evaluation by a licensed physician within the preceding six (6) months stating the member's hearing loss has been medically evaluated. A member 18 years of age or younger must have an ear or hearing examination by a physician with specialized training in the field of otolaryngology within the preceding 90 days. Documentation of these examinations stating a hearing aid is recommended must be in the member's record.

Both otologic and clinical audiological evaluations are prerequisite to the determination of need for amplification. The sequence of such evaluations is variable depending upon source of referral.

Effective 12/1/08

Members (or member's parent in the case of minors) must receive hearing aid orientation that involves instruction in the use and care of the instrument and counseling regarding expectations, limitations, and adjustment to amplification as well as ancillary needs (i.e.: auditory rehabilitation, communications therapy, special educational placement, parent responsibilities).

In addition, a hearing aid fitting must comply with the current version of the applicable federal requirement, U.S. Food and Drug Administration, Hearing Aids Labeling Rules, 21 C.F.R. § 801.420.

#### B. Trial Period

Following a trial period, the Audiologist or Hearing Aid Dealer & Fitter will provide written confirmation that the hearing aid meets client need and should be purchased.

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		UPDATED: 12/1/2008

#### C. Purchase of Hearing Aids

# Effective 12/1/08

The hearing aid(s) will be purchased from a licensed Audiologist or Hearing Aid Dealer & Fitter. The Audiologist or Hearing Aid Dealer & Fitter will provide a warranty on parts and service, instructions on use and care of the instrument, a schedule with the member (i.e.: 30 days and 6 months) in order to check the performance of the aid, and encourage the member to return to him or her when questions or problems arise regarding hearing aid performance.

### D. Periodic Re-Evaluation of Hearing Aids

# Effective 12/1/08

Efficiency of the hearing aid requires periodic evaluation. The optional time for reevaluation of hearing status, amplification needs and performance of the hearing aid will be recommended in the Audiologist or Hearing Aid Dealer & Fitter's report to the Department.

### E. Replacement of Hearing Aids

# Effective 12/1/08

Reasonable requests for replacement of hearing aids within one year of purchase will be considered. Replacement of hearing aids in use over one year requires hearing aid reevaluation by the Audiologist or Hearing Aid Dealer & Fitter.

### 35.08 **PROGRAM INTEGRITY**

The Department and its professional advisors regard the maintenance of adequate clinical records as essential for the delivery of quality care. In addition, providers should be aware that comprehensive clinical records are key documents for post audit payment reviews. In the absence of proper and complete clinical records, no payment will be made and payments previously made may be recouped.

# Effective 12/1/08

Clinical records and other pertinent information will be transferred, upon request and with the client's written permission, to other clinicians treating the client.

Upon request, the provider will furnish to the Department, without additional charge, the clinical records, or copies thereof, corresponding to and substantiating services billed by that provider.

#### 35.09 **REIMBURSEMENT**

MaineCare will pay the lower of:

- A. The provider's usual and customary charge; or
- B. The amount listed in Chapter III, Section 35 of the MaineCare Benefits Manual.

SECTION 35 **HEARING AIDS & SERVICES** ESTABLISHED 2/1/79 UPDATED: 12/1/2008

### 35.10 **BILLING INFORMATION**

## Effective 12/1/08

Hearing Aids & Services providers shall bill for services under this Section in accordance with the billing requirements of the Department of Health and Human Services, including use of the CMS 1500 claim form. For instructions and to download a CMS 1500 sample claim form see the OMS "Billing Instructions web page, available at:

http://www.maine.gov/dhhs/bms/providerfiles/provider\_billing\_manuals.htm

### MAINECARE BENEFITS MANUAL

CHAPTER III

SECTION 35

ALLOWANCES FOR HEARING AIDS & SERVICES

ESTABLISHED: 2/1/79 LAST UPDATE: 12/1/08

SECTION 35	HEARING AIDS & SERVICES	EFFECTIVE: 2/1/79
		UPDATED: 12/1/08

#### **DEFINITIONS**

By Report

This notation in the "Maximum Allowance" column indicates that the fee for the procedure is to be determined based on a special report. Such a procedure would be one that is rarely provided, unusual, variable, or newly developed. Pertinent information contained in the report, which must accompany the claim, should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

Effective 12/1/08

Not Covered

This notation in the "Maximum Allowance" column indicates that MaineCare does not cover this service. The patient can be billed for these services as long as he or she has been told, in advance, that the service is not covered by MaineCare.

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Effective

12/1/08

Effective 12/1/08

Effective 12/1/08

ALLOWED	PROC.		MAXIMUM	PRIOR
AGE	CODE	DESCRIPTION	ALLOWANCE	AUTH.
UNDER 2 <u>1</u>	V5030	HEARING AID, MONAURAL, BODY WORN AIR CONDUCTION	\$400.00	NO
UNDER 21	V5040	HEARING AID, MONAURAL, BODY WORN BONE CONDUCTION	\$400.00	NO
UNDER 21	V5050	HEARING AID, MONAURAL, IN THE EAR	\$400.00	NO
UNDER 21	V5060	HEARING AID, MONAURAL, BEHIND EAR	\$400.00	NO
UNDER 21	V5070	GLASSES, AIR CONDUCTION	\$400.00	NO
UNDER 21	V5080	GLASSES, BONE CONDUCTION	\$400.00	NO
UNDER 21	V5090	DISPENSING FEE	NOT COVR'D	
UNDER 21	V5100	HEARING AID, BILATERAL, BODY WORN	\$800.00	NO
UNDER 21	V5110	DISPENSING FEE, BILATERAL	NOT COVR'D	
UNDER 21	V5120	BINAURAL, BODY	\$800.00	NO
UNDER 21	V5130	BINAURAL, IN EAR	\$800.00	NO
UNDER 21	V5140	BINAURAL, BEHIND EAR	\$800.00	NO
UNDER 21	V5150	BINAURAL, GLASSES	\$800.00	NO

SECTION 35			HEARING AIDS & SERVICES		EFFECTIVE: 2/1/79 UPDATED: 12/1/08	
Effective 12/1/08	UNDER 21	V5160	DISPENSING FEE, BINAURAL	NOT COVR'D		
	UNDER 21	V5170	HEARING AID, CROS, IN EAR	\$400.00	NO	
	UNDER 21	V5180	HEARING AID, CROS, BEHIND EAR	\$400.00	NO	
	UNDER 21	V5190	HEARING AID, CROS, GLASSES	\$883.80	NO	
I	UNDER 21	V5200	DISPENSING FEE, CROS	NOT COVR'D		
Effective 12/1/08	UNDER 21	V5210	HEARING AID, BICROS, IN EAR	\$400.00	NO	
12/1/00	UNDER 21	V5220	HEARING AID, BICROS, BEHIND EAR	\$400.00	NO	
	UNDER 21	V5230	HEARING AID, BICROS, GLASSES	\$1480.32	NO	
	UNDER 21	V5240	DISPENSING FEE, BICROS	NOT COVR'D		
Effective	UNDER 21	V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	BY REPORT	YES	
12/1/08	UNDER 21	V5264	EAR MOLD (EACH)	\$25.00	NO	
	UNDER 21	V5266	HEARING AID BATTERIES	\$20.00	NO	
	UNDER 21	V5014	HEARING AID-REPAIR / MODIFICATION	BY REPORT	NO	
	UNDER 21	V5267	HEARING AID ACCESSORIES	BY REPORT	NO	